



Department of Defense DIRECTIVE

NUMBER 1308.1

June 30, 2004

PDUSD(P&R)

SUBJECT: DoD Physical Fitness and Body Fat Program

- References: (a) DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program," July 20, 1995 (hereby canceled)
- (b) [DoD Instruction 1308.3](#), "DoD Physical Fitness and Body Fat Programs Procedures," November 5, 2002
 - (c) [DoD Directive 1010.10](#), "Health Promotion and Disease/Injury Prevention," August 22, 2003

1. REISSUANCE AND PURPOSE

This Directive:

1.1. Reissues reference (a) to update policy governing physical fitness and body fat standards in the Armed Forces.

1.2. Consistent with references (b) and (c), formalizes the responsibilities of the DoD Components regarding the coordination and support of physical fitness and body fat programs within the Military Services.

2. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense, the Military Services, the Chairman of the Joint Chiefs of staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components"). The term "Military Services," as used above, refers to the Army, the Navy, the Air Force, and the Marine Corps.

3. DEFINITIONS

Terms used in this Directive are defined in enclosure 1.

4. POLICY

It is DoD policy that:

4.1. Service members shall maintain physical readiness through appropriate nutrition, health, and fitness habits. Aerobic capacity, muscular strength, muscular endurance, and desirable body fat composition, form the basis for the DoD Physical Fitness and Body Fat Program.

4.1.1. Physical Fitness. The Military Services shall design physical fitness training and related physical activities consistent with established scientific principles of physical conditioning that enhance fitness and general health essential to combat readiness. Individual Service members must possess the cardio-respiratory endurance, muscular strength and muscular endurance, together with desirable levels of body composition to successfully perform in accordance with their Service-specific mission and military specialty.

4.1.2. Body Fat. Maintaining desirable body composition is an integral part of physical fitness, general health, and military appearance. Service members whose duties require muscular and cardio-respiratory endurance may be hampered in performing their duties when body fat exceeds 26 percent in males and 36 percent in females. The Military Services shall implement body composition programs that enhance general health, physical fitness and military appearance. Departments must ensure that actual weight loss is viewed as less important than the reduction in body fat. The specific "Height-Weight Screening Table" is in reference (b).

4.1.3. General Health. Physical fitness is an important component of the general health of the individual. Comprehensive fitness includes many aspects of a healthy lifestyle. At a minimum, it encompasses tobacco cessation, balanced nutrition, the responsible use of alcohol, the elimination of illegal drug use, stress management, and regular exercise. The Services' programs shall incorporate educational material that shall enable the Service members to best attain and maintain the level of general health, physical fitness, as well as maintain a body composition that allows for effective performance of their duties and appropriate military appearance.

4.1.4. Medical Screening. The Military Services' medical examination programs shall include a system to identify those personnel with a potential high risk for cardiovascular disease. Personnel with an abnormal risk shall be placed on a monitored exercise program only after consultation with medical authorities.

4.1.5. Medical Profiles. Service members identified with medical limitations or who have profiles shall be placed in a physical fitness program consistent with their limitations, as advised by medical authorities. Service members who have profiles, either temporary or permanent, shall be required to meet the standards of the "Height-Weight Screening Table" in reference (b) or the prescribed body fat standards of the Military Departments. The Secretaries of the Military Departments can approve exceptions if extenuating medical circumstances exist.

4.1.6. Pregnancy. Pregnant Service members shall not be held to the standards of fitness and body fat testing until at least 6 months after pregnancy termination. When initially informed of the pregnancy, the Service member shall continue her physical fitness program, but under the supervision of medical authority. It is recommended that the Services offer at each base or installation a pregnancy physical fitness program to help women maintain a level of physical fitness during their pregnancies. Pregnant Service members shall be provided a physical fitness program that assists them in returning to their previous levels of physical fitness before the pregnancy.

4.1.7. Evaluation. All Service members shall be formally evaluated and tested for the record at least annually. Corrective action for failure to meet required standards must be initiated. Due to limited training hours, mandatory physical training during duty hours is not required. The Services shall establish a program to test physical fitness of their personnel during scheduled training. Reserve component commanders and supervisors shall encourage physical fitness programs during non-duty hours to the greatest extent possible. As in the Active components, and annual physical fitness training report is required for Reserve components.

4.2. Reserve components' physical fitness and body fat standards shall be the same as those for the Active component members' standards of each Military Service.

4.3. Physical fitness and body fat standards shall be given widest distribution and command emphasis throughout the Reserve forces. All personnel are required to meet and maintain both the physical fitness and body fat standards.

5. RESPONSIBILITIES

5.1. The Principal Deputy Under Secretary of Defense for Personnel and Readiness (PDUSD (P&R)), under the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), shall monitor the DoD Physical Fitness and body Fat Program and coordinate the health promotion program.

5.2. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the USD(P&R), shall:

5.2.1. Establish a health promotion program for the Military Services to use in conjunction with their Physical Fitness and Body Fat Programs. The health promotion program will, at a minimum:

5.2.1.1. Stress the benefits of appropriate physical activity and nutrition in maintaining and/or enhancing health, performance and safety.

5.2.1.2. Make use of unit and/or installation newspapers, the Armed Forces Radio and Television Service and other media to provide health promotion and fitness education to the Service members.

5.2.2. Monitor the medical aspects of the Physical Fitness and Body Fat Programs.

5.2.3. Provide appropriate medical information and advice related to the Physical Fitness and Body Fat Programs.

5.2.4. Assist in the coordination of the Military Services' medical research on physical fitness and body composition.

5.2.5. Reinforce the drug and alcohol abuse, and tobacco cessation programs.

5.3. The Secretaries of the Military Departments shall:

5.3.1. Establish health promotion program with their physical fitness program.

5.3.2. Place primary emphasis on the fielding and monitoring of programs that develop and maintain general health and physical fitness. The Services shall also place emphasis on the evaluation and testing, or assessment, of personnel against a prescribed standard of performance.

5.3.3. Establish specific requirements and conduct the physical fitness training for its particular need and mission.

5.3.4. Ensure that their physical fitness programs shall be fundamental parts of general health and lifestyle enhancement programs.


5.3.5. Ensure health promotion programs for physical fitness shall complement the health program of the ASD(HA).

5.3.6. Use and financially support sports programs and recreation facilities as resources for physical fitness programs to increase motivation.

5.3.7. Encourage all civilian employees in the DoD to participate in physical fitness programs. The Services may use the same media channels as they use for the military members to inform and educate civilian employees in the Department of Defense.

6. EFFECTIVE DATE

This Directive is effective immediately.



Paul Wolfowitz
Deputy Secretary of Defense

Enclosures - 1

E1. Definitions

E1. ENCLOSURE 1

DEFINITIONS

E1.1.1. Aerobic Capacity (Aerobic Fitness or Cardio-Respiratory Endurance). The functional capacity of the heart, lungs, and blood vessels to deliver oxygen to the working muscles, and its utilization by the muscles to oxidize energy sources (carbohydrates and fats) to generate energy over sustained periods of time. Essentially, it is the body's capability to receive and use oxygen, carbohydrates, and fats to produce energy.

E1.1.2. Anaerobic Exercises. Exercises that require a maximum burst of effort or energy, are of stop-start nature, and require a high level of intensity for short bursts of time. Examples of anaerobic exercises are "weight lifting" and "sprinting."

E1.1.3. Body Fat. The body is composed of fat and fat-free mass (which includes body water, bone mineral, proteins, glycogen, and other minerals). "Body fat" is expressed as "a percentage of total body weight." Total body fat is composed largely of stored fat and a small amount of "essential" fat, which makes up cell membranes, nerve sheaths, and structural fat padding vital structures.

E1.1.4. Muscular Endurance. The ability of a skeletal muscle or group of muscles to perform repeated contractions for an extended period of time. It is measured as the number of submaximal contractions performed or submaximal sustained contraction time. Most of the practical "strength" tests (e.g., push-ups and sit-ups) are measures of muscular endurance.

E1.1.5. Muscular Strength. The maximal force that can be exerted in a single voluntary contraction of a skeletal muscle or skeletal muscle group. The simplest measure of strength involves various one-repetition maximum weight-lifting test (the heaviest weight that can be lifted only once). Although tests such as push-ups, pull-ups, and sit-ups measure primarily muscular endurance, there is a physiological continuum where individuals who can perform only a few repetitions of a test are completing a strength test. Thus, the pull-up, for which many individuals can complete only a few repetitions, is closer to a true strength test than push-ups.

E1.1.6. Overfat. A Service member whose body fat exceeds the Service-prescribed standard, as measured using the DoD circumference-base method.

E1.1.7. Overweight. A Service member whose body weight exceeds the maximum limit indicated in the Service height to weight screening table. Members who exceed the weight screen may still comply with fitness and general health standards if they meet body fat standards. Overweight members who meet body fat standards have an above average lean mass, a desirable characteristic for individual military readiness.

E1.1.8. Physical Fitness. The capacity to perform physical exercise, consisting of the components of aerobic capacity, muscular strength, and muscular endurance in conjunction with body fat content within an optimal range.

E1.1.9. Physical Readiness. The overall capacity to perform the physical duties of military Service and combat, consisting of the components of physical fitness, health, and motivation.

E1.1.10. Training Effect. The physiological response to exercise (physical training) when conducted with sufficient regularity, intensity, and duration. The response may include improved efficiency of the cardio-respiratory system and/or increased muscular strength/endurance. An aerobic training effect typically requires exercise training conducted a minimum of three times weekly (preferably on alternate days) for 20 to 30 minutes that raises the Service member's heart rate to a level representing 60 to 90 percent of the medically accepted maximum heart rate for his or her age. A training effect for muscular strength and endurance typically requires repeated bouts of high intensity exercise training of relatively short duration.